



PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

17

Application Number

09/941,399

Filing Date

August 28, 2001

First Named Inventor

Takatori, Yasushi

Art Unit

2645

Examiner Name

Lisa Hashem

Attorney Docket Number

080974-000000US

**ENCLOSURES (Check all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application                               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address                 | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | <b>Return Postcard</b>  |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____  | <b>Response to Restriction Requirement (16pp)</b>                                       |
|   | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Steve Y. Cho		
Date	January 14, 2005	Reg. No.	44,612

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Gloria Sikora	Date	January 14, 2005



IPW 2645

PATENT  
Attorney Docket No.: 080974-000000US  
Client Ref. No.: P14824-A

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

YASUYOSHI TAKATORI et al.

Application No.: 09/941,399

Filed: August 28, 2001

For: ADAPTIVE ANTENNA CONTROL  
METHOD AND ADAPTIVE ANTENNA  
TRANSMISSION/RECEPTION  
CHARACTERISTIC CONTROL METHOD

Customer No.: 20350

Confirmation No. 6150

Examiner: Lisa Hashem

Technology Center/Art Unit: 2645

**RESPONSE TO RESTRICTION  
REQUIREMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

January 14, 2005

Sir:

In response to the Restriction Requirement mailed on December 17, 2004, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 16 of this paper.